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Health Canada

2011-12 Estimates

Part III - Report on Plans and Priorities

Canada



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Minister's Message



I am pleased to present Parliament with Health Canada's 2011-12 Report on Plans and Priorities. This Report outlines the Department's proposed priorities for the next three years.

Health Canada will continue to help Canadians maintain and improve their health through policies, programs and activities that keep Canadians healthy, keep them safe, and sustain health programs and systems. The operational priorities will support Health Canada's commitment to help make this country's population among the healthiest in the world.

Health Canada plays key roles in Canada's health system by working with provincial and territorial governments as a catalyst for innovation, and administering the *Canada Health Act*. Over the next three years, we will work to **keep Canadians healthy** by focusing our efforts where the need is the greatest. To address the incidence of health problems in First Nations and Inuit communities, we are working to implement renewed health programs, such as improved primary care services with increased access to physicians, nurses, and other health care providers. In addition, we will concentrate on higher-risk groups in Canadian society, such as children and youth who, for the first time in history, are at risk of having a lower life expectancy than their parents. We will work with the Public Health Agency of Canada and other partners to address child and youth obesity. And, in collaboration with federal, provincial and territorial partners, we will support strategies that promote better health and prevent chronic disease, such as reducing sodium and tobacco consumption.

We will also strive to **keep Canadians safe** by continuing to strengthen and update our legislative and regulatory tools. We will support the implementation of the new *Canada Consumer Product Safety Act* and continue to take measures to improve food and drug safety. We will also address environmental risks to the health of Canadians through continued efforts on air quality and climate change adaptation initiatives. Finally, we will modernize user fees related to human drugs and medical devices regulatory programs to strengthen the delivery of our health protection programs and initiatives.

We will **sustain health programs and systems** by continuing to work with our provincial and territorial partners and with other health care partners to address health system sustainability, including measures to attract and retain health human resources. We will implement a tripartite agreement on First Nations health governance with British Columbia First Nations and the Government of British Columbia. We will also explore similar opportunities to integrate federal First Nations health programs with provincial programs in other provinces. And, because we count on the contributions of a myriad of partners to ensure that we have a health system that is responsive to the needs of Canadians, we will nurture strategic partnerships with federally-funded, third-party organizations, such as Canada Health Infoway.

I am confident that carrying out the plans described in this Report will help make our country healthier, and I look forward to working with Canadians across the country to achieve this goal.

The Honourable Leona Aglukkaq, P.C., M.P.
Minister of Health

Section I: Departmental Overview

Raison d'être

Health Canada helps Canadians maintain and improve their health. The Department is committed to making this country's population among the healthiest in the world as measured by longevity, lifestyle and effective use of the public health care system.

Responsibilities

Health Canada is responsible for the following three areas:

First, as a **regulator**, Health Canada is responsible for the regulatory regimes governing the safety of products including food, pharmaceuticals, medical devices, natural health products, consumer products, cosmetics, chemicals, radiation emitting devices, and pesticides. It also regulates tobacco products and other controlled substances, and helps manage the health risks posed by environmental contaminants.

The Department is also a **service provider**. Health Canada supports basic primary health care services in the following areas: in remote and isolated First Nations communities; home and community care in First Nations and Inuit communities; community-based health programs for First Nations and Inuit, focussing on children and youth, mental health and addictions, and chronic disease and injury prevention; and public health programs for First Nations, including communicable disease control. Health Canada's Non-Insured Health Benefits (NIHB) Program also provides a limited range of medically-necessary health-related goods and services to eligible First Nations and Inuit that are not otherwise provided through other public programs or private insurance plans. Health Canada is also the supplier of employer-provided health benefits to the federal civil service such as occupational health services.

Health Canada is a **catalyst for innovation**, a **funder**, and an **information provider** in Canada's health system. It works closely with provincial and territorial governments to develop national approaches to health system issues and promotes the pan-Canadian adoption of best practices. It administers the *Canada Health Act*, which embodies national principles to ensure a universal and equitable publicly-funded health care system. It provides policy support for the federal government's Canada Health Transfer to provinces and territories, and provides funding through grants and contributions to various organizations to help meet Health Canada's objectives. The Department draws on leading-edge science and policy research to generate and share knowledge and information in support of health decision-making by Canadians, the development and implementation of regulations and standards, and health innovation.

Contribution to the Federal Sustainable Development Strategy (FSDS)

Health Canada contributes to the Federal Sustainable Development Strategy (FSDS) under three themes. These themes are: 1) Addressing Climate Change and Air Quality; 2) Maintaining Water Availability and Quality; and 3) Greening Government Operations.

The FSDS represents a major step forward for the Government of Canada by including environmental sustainability and strategic environmental assessment (SEA) as an integral part of its decision-making processes.

Contributions are further explained in Section II. For additional details on Health Canada's sustainable development strategy, please see www.health.gc.ca/sustainabledevelopment.

Strategic Outcome(s) and Program Activity Architecture (PAA)

A Health System Responsive to the Needs of Canadians

Canadians are informed of and protected from health risks associated with food, products, substances and environments, and are informed of the benefits of healthy eating

First Nations and Inuit communities and individuals receive health services and benefits that are responsive to their needs so as to improve their health status

1.1 Canadian Health System

2.1 Health Products

3.1 First Nations and Inuit Primary Health Care

1.2 Specialized Health Services

2.2 Food Safety and Nutrition

3.2 Supplementary Health Benefits for First Nations and Inuit

1.3 Official Language Minority Community Development

2.3 Environmental Risks to Health

3.3 Health Infrastructure Support for First Nations and Inuit





2.4 Consumer Products Safety

2.5 Substance Use and Abuse

2.6 Radiation Protection

2.7 Pesticide Safety

Federal Sustainable Development Strategy Legend

-  Theme I: Addressing Climate Change and Clean Air
-  Theme II: Maintaining Water Quality and Availability
-  Theme III: Protecting Nature
-  Theme IV: Shrinking the Environmental Footprint – Beginning With Government

Internal Services

PAA Crosswalk

Health Canada has updated its Program Activity Architecture (PAA) and the supporting performance measurement framework, effective April 1, 2011. The new PAA improves the alignment of departmental programs along the Department's three business lines: health system innovation, consumer protection and environmental health and First Nations and Inuit health. Together, with strengthened performance measurement indicators and streamlined financial coding structure, we will improve the Department's ability to measure and monitor results achieved for Canadians. Accordingly, all strategic outcomes and program activities are now focused more clearly on core departmental responsibilities.

- The revised Strategic Outcome 1 has a new set of three program activities. The first focuses on Health Canada's leadership and funding roles and its contributions to health policy. The second encompasses occupational health services that are provided to employees of the Government of Canada. The third highlights federal contributions to the health aspects of official language minority communities.
- The Department has integrated the former Strategic Outcomes 2 and 3* into a new Strategic Outcome 2, which brings together the full range of departmental responsibilities for protecting the health and safety of Canadians. This strategic outcome incorporates the Department's role to inform Canadians of health risks and regulate products such as pharmaceuticals, consumer products and pesticides, as well as departmental responsibilities in areas such as tobacco control. It also incorporates the role that Health Canada increasingly plays in relation to the links between health and the environment.
- Strategic Outcome 3 (formerly 4) has been reframed, and a new approach to measuring performance is being applied in order to clearly demonstrate the results of the health services delivery and support activities of the Department. Program activities under this outcome include efforts to strengthen First Nations and Inuit health programming by increasing First Nations and Inuit control of health program delivery, as well as integration of First Nations and Inuit programming with existing provincial health systems and programming to leverage efficiencies and avoid duplication. This health systems approach includes Supplementary Health Benefits as well as two newly structured program activities: Primary Health Care and Health Infrastructure Support.

**Access to safe and effective health products and food and information for healthy choices", and "Reduced health and environmental risks from products and substances, and healthy, sustainable living and work arrangements."

Planning Summary

Financial Resources (In millions)

2011-12	2012-13	2013-14
3,345.7	3,272.8	3,233.5

The financial resources table above provides a summary of the total planned spending for Health Canada for the next three fiscal years. The decrease in planned spending is primarily associated with the sunseting of some programs.

Human Resources (Full-time Equivalent – FTE)

2011-12	2012-13	2013-14
9,988	9,823	9,766

The human resources table above provides a summary of the total planned human resources for Health Canada for the next three fiscal years.

Strategic Outcome 1: A Health System Responsive to the Needs of Canadians	
Performance Indicators	Targets
<ul style="list-style-type: none"> # of new or modified health system policies, proposals or practices to advance health system priorities by: <ul style="list-style-type: none"> target audience subject matter type of material 	Increased # of policies, practices and proposals put forward in order to address health system priorities
<ul style="list-style-type: none"> Examples of collaborative working arrangement that address health system priorities 	Better and increased collaboration among Health Canada and health system stakeholders

Program Activity	Forecast Spending 2010-11	Planned Spending			Alignment to Government of Canada Outcomes
		2011-12	2012-13	2013-14	
Canadian Health System	328.1	302.8	270.7	270.8	Healthy Canadians
Specialized Health Services	0.0	23.6	23.4	23.4	
Official Language Minority Community Development	0.0	39.3	40.0	23.8	
Canadian Assisted Human Reproduction	1.4	0.0	0.0	0.0	
International Health Affairs	21.4	0.0	0.0	0.0	
Workplace Health	22.1	0.0	0.0	0.0	
Total Planned Spending		365.7	334.1	318.0	

The decrease from forecast to planned spending is primarily associated with changes made to the Program Activity Architecture.

Strategic Outcome 2: Canadians are informed of and protected from health risks associated with food, products, substances and environments, and are informed of the benefits of healthy eating	
Performance Indicators	Targets
<ul style="list-style-type: none"> % of target audience aware of the health risks associated with food, products, substances and environments, and of the benefits of healthy eating, 	Based on overall performance indicator details for program activities: 2.1 Health Products 2.2 Food Safety and Nutrition 2.3 Environmental Risks to Health 2.4 Consumer Products Safety 2.5 Substance Use and Abuse 2.7 Pesticide Safety

<ul style="list-style-type: none">• % and # of timely regulatory actions by:<ul style="list-style-type: none">○ program activity○ pre- or post-market○ type of regulatory action○ result of regulatory action		Based on overall performance indicator details for program activities: 2.1 Health Products 2.2 Food Safety and Nutrition 2.3 Environmental Risks to Health 2.4 Consumer Products Safety 2.7 Pesticide Safety		
<ul style="list-style-type: none">• Level of exposure or prevalence by:<ul style="list-style-type: none">○ environmental contaminants○ radiation/radon○ tobacco○ controlled substances		Based on overall performance indicator details for program activities: 2.3.4 Health Impacts of Chemicals 2.5 Substance Use and Abuse 2.6 Radiation Protection		

Program Activity	Forecast Spending 2010–11	Planned Spending			Alignment to Government of Canada Outcomes
		2011–12	2012–13	2013–14	
Health Products	165.8	168.3	155.8	156.0	Healthy Canadians
Food Safety and Nutrition	77.3	57.8	54.8	54.7	
Environ-mental Risks to Health	149.1	48.1	47.8	47.8	
Consumer Products Safety	32.8	28.0	29.0	29.1	
Substance Use and Abuse	142.6	139.1	132.6	109.8	
Radiation Protection	0.0	1.8	1.8	1.8	
Pesticide Safety	49.1	34.1	34.3	34.3	
Total Planned Spending		477.2	456.1	433.5	

The decrease from forecast to planned spending is primarily associated with the sunsetting of some programs.

Strategic Outcome 3: First Nations and Inuit communities and individuals receive health services and benefits that are responsive to their needs so as to improve their health status	
Performance Indicators	Targets
<ul style="list-style-type: none"> Non-Insured Health Benefits (NIHB) Program utilization rate (percentage of eligible clients who accessed at least one NIHB benefit) 	Maintain access levels according to medical necessity
<ul style="list-style-type: none"> % of the on-reserve population who rate their own health status as excellent or very good 	Maintain existing levels
<ul style="list-style-type: none"> # of First Nations and Inuit engaged in the control, design, development and delivery of health programs and services based on their own identified needs 	5% increase over 5 years

Program Activity	Forecast Spending 2010-11	Planned Spending			Alignment to Government of Canada Outcomes
		2011-12	2012-13	2013-14	
First Nations and Inuit Primary Health Care	0.0	940.0	891.9	890.4	Healthy Canadians
Supplementary Health Benefits for First Nations and Inuit	0.0	983.9	1,007.0	1,030.5	
Health Infrastructure Support for First Nations and Inuit	0.0	256.8	272.4	252.6	
First Nations and Inuit Health Programming and Services	2,402.4	0.0	0.0	0.0	
Total Planned Spending		2,180.7	2,171.3	2,173.5	

The decrease from forecast to planned spending is primarily associated with the sunsetting of some programs.

Internal Services	Forecast Spending 2010-11	Planned Spending		
		2011-12	2012-13	2013-14
Internal Services	358.3	322.1	311.3	308.5
Total Planned Spending		322.1	311.3	308.5

Contribution of Priorities to Strategic Outcome(s)

Operational Priorities		
I – Promote Health System Innovation	Type: Ongoing	Links to Strategic Outcome(s): 1, 2 and 3
<p>Why is this a priority?</p> <p>The health care system in Canada is vital to addressing the health needs of Canadians wherever they live and whatever their financial circumstances. Given the importance of the health system to Canadians, Health Canada places a priority on working with partners to improve the effectiveness and efficiency of the health system. Health Canada continues to provide leadership as the health system continues to face sustainability and other challenges due to such issues as the availability of health human resources, shifting consumer demands and demographic changes. Addressing these challenges requires leadership to ensure the availability of better health information to make decisions and engage effective inter-jurisdictional and inter-organizational cooperation.</p> <p>Plans for meeting the priority</p> <ul style="list-style-type: none"> • Continue to work with provinces, territories, First Nations and Inuit communities, and other health care partners on health system sustainability, including measures to better manage health technologies in the health system and use of electronic health records and information • Work with partners to improve access to physicians, nurses and health care providers • Support health promotion and chronic disease prevention strategies (e.g., sodium reduction, tobacco, childhood obesity, trans fats), in collaboration with provincial and territorial partners 		

Operational Priorities		
II - Modernize Health Protection Legislation and Programs	Type: Ongoing	Links to Strategic Outcome(s): 2
<p>Why is this a priority?</p> <p>Health Canada is responsible for the regulatory regime for products in the everyday lives of Canadians, including food, pharmaceuticals, medical devices, natural health products, cosmetics, chemicals, radiation emitting devices, cosmetics and pesticides. As well, Health Canada helps manage the risks posed by environmental factors and the health implications of air quality and water quality, radiation and environmental contaminants. Rapid technological change and the advent of new products that blur the line between traditional definitions of various products and incorporate innovative components, challenge the Department's ability to carry out its health and safety mandate. To this end, the Department needs to continue with the modernization of its regulatory programs to better respond to this reality. We will, therefore, support the implementation of the new <i>Canada Consumer Product Safety Act</i> (CCPSA) and continue to take measures to improve food and drug safety. Also, the Department funds many of its regulatory activities through a mix of public funds and user fees which continue to be reviewed and updated to ensure that they are appropriately aligned with the costs of providing services.</p> <p>Plans for meeting the priority</p> <ul style="list-style-type: none"> • Continue to advance initiatives to enhance the protection of the health and safety of Canadians through the <i>Canada Consumer Product Safety Act</i> • Continue to address environmental risks to the health of Canadians • Improve the capacity to do quality and timely reviews of human drugs and medical devices, including implementing modernized user fees 		

Operational Priorities

III – Strengthen First Nations and Inuit Health Programming

Type: Ongoing

Links to Strategic Outcome(s): 3

Why is this a priority?

- While health outcomes for most Canadians are improving, First Nations and Inuit continue to experience serious health challenges. Health Canada plays an important role in supporting the delivery of, and access to, health programs and services for First Nations and Inuit. The Department achieves this by working with partners on key health challenges and innovative approaches to strengthen access and to better integrate health services, and to encourage greater control of health care delivery by First Nations and Inuit. Current departmental strategies received additional funding in recent federal budgets and are expected to improve the health services available to First Nations and Inuit.

Plans for meeting the priority

- Implement renewed First Nations and Inuit community health programs including those addressing diabetes, youth suicide, and maternal and child health
- Strengthen the provision of primary health care services to First Nations communities including ensuring nurses have the clinical expertise and support to provide needed primary health care
- Continue negotiations to finalize a tripartite Framework Agreement in BC and build on similar opportunities to integrate and harmonize federal First Nations and Inuit programs and services with programs in other provinces and territories
- Support effective delivery of Non-Insured Health Benefits to eligible First Nations and Inuit
- Continue to harmonize the management of contribution agreements with Indian and Northern Affairs Canada and other partners

Management Priorities

The following three management priorities support Health Canada's ongoing efforts to achieve management excellence and promote a corporate culture that is focussed on sound management practices and strong public service values. These management priorities are ongoing in nature and support all strategic outcomes.

IV – Align resources to priorities in a way that is flexible and forward-looking

Plans for meeting the priority

- Develop a transformation plan and approach to align investments and resource allocation with strategic priorities, and implement a common departmental approach to managing projects
- Continue to focus on ongoing improvements in the delivery of internal services

V – Improve service delivery

Plans for meeting the priority

- Identify best practices and improve service delivery through enhanced performance measurement and monitoring
- Continue to improve on horizontal service delivery models in regions

VI – Increase transparency and innovative communications and engagement with Canadians

Plans for meeting the priority

- Develop innovative communication tools and approaches to engage Canadians including renewing the departmental Internet site to better inform, educate and engage Canadians to take an active role in maintaining and improving their health
- Strengthen the consistency of consultation processes through the use of common tools and best practices

Risk Analysis

At Health Canada, risk management is a fundamental underpinning of good management and decision-making. Moreover, risk management is a truly integrated process designed to address risk in any area or level within the Department, whether at strategic, program or project levels, in order to provide reasonable assurance regarding the achievement of corporate objectives and desired outcomes. Some of the sources and drivers of Health Canada's risks are internal in nature, while others are externally driven.

A key risk faced by Health Canada is the failure to anticipate, effectively respond to, or manage an incident resulting in harm to the health of Canadians. The source of the incident could be a natural hazard, an external development or the result of an action or decision from an external organization. This risk is of great importance to the Department because of its high impact, the difficulty of predicting and a low tolerance of health and safety risks. Being able to mitigate or respond effectively to this risk requires ongoing review and improvements to response plans and strategies. The Department will use lessons learned from past domestic and international events, such as the 2008 listeriosis outbreak and the response to the H1N1 influenza virus to ensure that effective plans are ready to execute in the event of an incident. Work will also continue, through modernization of consumer, food and drug safety regulations, to enhance the Department's capacity to respond to emerging issues quickly and effectively.

In delivering various aspects of its mandate, Health Canada works with a range of external parties, such as health portfolio organizations, provincial, territorial and municipal governments, industry and national and international organizations. Misalignment, or unclear roles and responsibilities with external parties, can hamper Health Canada's ability to deliver its programs and to improve health outcomes for Canadians. To address this, Health Canada applies lessons learned following major health incidents to improve areas of weakness and potential gaps between partners. The Department will continue to identify and foster strategic partnerships to ensure that we collaborate with the right partners, on the right activities, at the right time. Health Canada will also integrate communications and consultation plans on issues of shared jurisdiction to prevent confusion and strengthen the Government of Canada's response to these issues.

The regulatory programs aimed at informing and protecting Canadians from health risks associated with consumer products, drugs, food and pesticides face an increasingly complex environment driven by the globalization of health products and rapid technological change. There has been an increase in the number of new health, food and consumer products made using modern technologies. These products need to be properly assessed, regulated and used in a manner that will safeguard or promote the long-term health of Canadians. Furthermore, to respond to the increasingly global supply chains and availability of such products, Health Canada will continue to cooperate with international regulators and health organizations to improve the Department's understanding of the impact of new products.

Responding to these regulatory challenges requires strong internal capacity to undertake science-based analysis and research. A significant component of our science-based work is conducted in laboratories located across the country. Requirements for laboratory facilities and the physical/technological infrastructure to support scientific activities can impact Health Canada's ability to deliver on its science related commitments. A number of the Department's laboratories exceed their normal life expectancy and require major retrofit and updated equipment. To respond to this risk, the Department is developing a five year departmental-level strategic investment planning

process and has put in place a number of short, medium and long-term initiatives in place to ensure the continuity of services and update infrastructure.

There is also a need to attract and retain the human resources required to conduct regulatory activities. The Department is facing an increased need to hire experienced professionals due to an ageing workforce and increasing rate of scientific staff eligible for retirement. To address this, Health Canada will continue to implement the Talent Management Strategy as well as other human resources initiatives that ensure investments in people at all levels and in all areas of expertise, including the scientific and technology and health care practitioner communities.

Health Canada continues to face financial constraints from rising program costs associated with delivering health care services to First Nations and Inuit, due mainly to factors such as a population that is growing almost twice as fast as the overall Canadian population, impact of changes to program or service eligibility, rising drug prices and use of new technologies. Furthermore, the Aboriginal population has a higher than average rate of injuries and disease than the Canadian population and the remoteness of many First Nations and Inuit communities places increasing demands for health care services and increases the cost of service delivery. The challenge to access nurses and community medicine specialists continues to put pressure on Health Canada's ability to provide health care service to First Nations, particularly in remote northern communities. In response, Health Canada continues to work to integrate and harmonize federal, provincial and territorial health programs through tripartite agreements with the aim of addressing availability and access to quality health services. The Department will also continue to explore options and strategies to address recruitment and retention of health professionals in remote northern communities such as the continued implementation of the Aboriginal Health Human Resources Initiative.

The Canadian public relies on Health Canada to provide timely and authoritative evidence-based information that will assist them in making informed decisions. With the increasing globalization of health products, rapidly evolving science and technology and a 24-hour news cycle, many Canadians learn of health events in the media and seek immediate information. A key source of information for Canadians is the Internet, where incomplete or incorrect health and safety information can pose a risk to Canadians. Moreover, the outlets for information are growing in number and evolving quickly with the advent of YouTube, Facebook and Twitter. Health Canada recognizes the demand for health information and is working to establish comprehensive and innovative approaches to communicate with, engage and collaborate with stakeholders and citizens to improve public access to timely, relevant health and safety information.

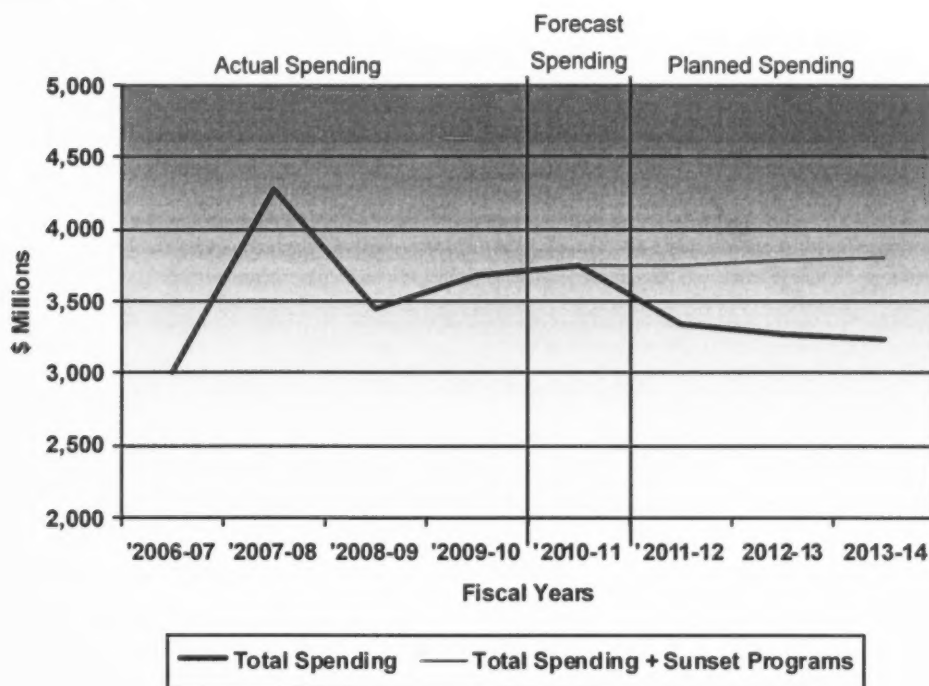
Finally, to ensure the Department has the capacity and competency to effectively manage both internal and external challenges, work will continue to improve and strengthen the enabling functions such as human resource management, values and ethics, information management and technology, asset management, planning and performance measurement, and risk management. Efforts will continue to improve the performance measurement information available for decision making and for making investment decisions that will enhance the Department's ability to meet its strategic priorities.

Expenditure Profile

For the 2011-12 fiscal year, Health Canada plans to spend \$3,345.7 million to meet the expected results of its program activities and contribute to its strategic outcomes.

The figure below illustrates Health Canada's spending trend from 2006-07 to 2013-14.

Spending Trend



For the 2006-07 to 2010-11 periods, the total spending includes all Parliamentary appropriation sources: Main Estimates, Supplementary Estimates, and Treasury Board Votes 10, 15, and 23. For the 2011-12 to 2013-14 periods, the total spending corresponds to planned spending. Supplementary funding and carry forward adjustments are not reflected.

In 2007-08, actual spending was \$1 billion more than originally planned due to the settlement of compensation payments to individuals infected with the Hepatitis C virus through the Canadian blood supply before 1986 and after 1990. The decrease in planned spending is primarily associated with the sunsetting of some programs.

Estimates by Vote

For information on our organizational votes and/or expenditures, please see the 2011-12 Main Estimates publication. An electronic version of the Main Estimates is available at www.tbs-sct.gc.ca/est-pre/20112012/me-bpd/toc-tdm-eng.asp.

Section II: Analysis of Program Activities by Strategic Outcome(s)

Strategic Outcome 1:

A Health System Responsive to the Needs of Canadians

Canadian Health System

Specialized Health Services

Official Language Minority
Community Development

Canadians expect their governments to provide a health system that meets their needs and that delivers results effectively and efficiently. In addition to ensuring that it meets specific federal responsibilities, such as certain health services for federal employees and during international events held in Canada, Health Canada works with provincial and territorial governments as well as health organizations and other stakeholder groups to address the health priorities of all Canadians, including for specific groups such as official language minority communities. Policy research and development, funding to independent organizations such as the Canadian Institute for Health Information, [Canada Health Infoway](#), and the Canadian Agency for Drugs and Technologies in Health, support and funding to test innovations in health service delivery and monitoring of provincial and territorial application of the [Canada Health Act](#) all lead to continuing improvement in Canada's health system.

Program Activity: Canadian Health System

Planned Spending (\$ millions)		
2011-12	2012-13	2013-14
302.8	270.7	270.8

Human Resources (Full-time Equivalents)		
2011-12	2012-13	2013-14
321	321	321

The decrease in planned spending is primarily associated with the sunseting of some programs. There is only a small salary component therefore the Full-time Equivalents remains constant.

The goal of this program activity is to provide strategic policy advice, research and analysis, and program support to provinces and territories, partners and stakeholders on health care system issues. Mindful of long-term equity, sustainability and affordability considerations, Health Canada collaborates and targets its efforts with provinces and territories, national and international organizations, health care providers, professional associations, other key stakeholders and Canadians in order to support improvements to the health care system, such as improved access, quality and integration of health care services. These targeted efforts are in place to better meet the health needs of Canadians, wherever they live or whatever their financial circumstances. Moreover, ensuring that provinces and territories are provided with advice and recommendations based on analyses, assists with compliance to the conditions of the [Canada Health Act](#) to qualify for full health care funding. Focusing on emerging health issues, such

Health Canada's 2010-2011 Program Activities (\$ millions)	Health Canada's 2011-12 Program Activities (\$ millions)														
	Canadian Health System	Specialized Health Services	Official Language Minority Community Development	Health Products	Food Safety and Nutrition	Environmental Risks to Health	Consumer Products Safety	Substance Use and Abuse	Radiation Protection	Pesticide Safety	First Nations and Inuit Primary Health Care	Supplementary Health Benefits for First Nations and Inuit	Health Infrastructure Support for First Nations and Inuit	Internal Services	Totals
	Canadian Health System	287.8		39.3											327.1
	Canadian Assisted Human Reproduction	1.5													1.5
	International Health Affairs	13.5												6.7	20.2
	Health Products			263.2										1.4	264.6
	Food and Nutrition			5.3	57.8										63.1
	Sustainable Environmental Health		4.0			49.3			2.7						56.0
	Consumer Products						28.5		2.0						30.5
	Workplace Health		27.9						2.9						30.8
	Substance Use and Abuse							139.1							139.1
	Pesticide Regulation									41.1					41.1
	First Nations and Inuit Health										945.5	983.9	256.8		2,186.2
	Internal Services			0.6					0.2					314.0	314.8
	Sub-total	302.8	31.9	39.3	269.1	57.8	28.5	139.1	7.8	41.1	945.5	983.9	256.8	322.1	3,474.9
	Deduct: Respendable Revenue**		8.3		100.8	1.2	0.5		6.0	7.0	5.5				129.2
	2011-12 Total Planned Spending	302.8	23.6	39.3	168.3	57.8	28.0	139.1	1.8	34.1	940.0	983.9	256.8	322.1	3,345.7

** Respendable revenue refers to revenue received through offering of products or services that can be "re-spent" or "used" to help offset the Department's voted operating funding requirements.

as assisted human reproduction and nanotechnology enables Health Canada to strategically position itself as a proactive organization, and targeted grants and contribution funding to support international health partnerships helps to ensure Health Canada is an active player in tackling global health issues.

Benefits for Canadians: This program activity ensures Canadians' benefit from a health system that is constantly getting and putting to work new information from Canadian and international sources that can improve access, quality and integration of health care services, as well as deal with emerging health issues.

Program Activity Expected Results	Performance Indicators	Targets
Acts as a catalyst to address current and emerging health issues and priorities	<ul style="list-style-type: none"> • Actions taken to respond to current and emergent issues by: <ul style="list-style-type: none"> ○ type of policy or practice ○ subject matter (priority area) ○ target audience ○ purpose ○ resulting change 	Increased adoption of new approaches, models and best practices in health care system

Planning Highlights

In support of promoting health system innovation, we will continue to work with provinces and territories and other health care partners on health system sustainability, including measures to improve access to physicians, nurses and other health care providers for Canadians. As well, we will work closely with a number of stakeholders to continue improving health system efficiency and effectiveness. Over the reporting period, we expect:

- To align Health Canada's Internationally Educated Health Professionals (IEHPs) Initiative with the federal/provincial/territorial Pan-Canadian Framework for the Assessment and Recognition of Foreign Qualifications to improve the integration of IEHPs into the Canadian health workforce;
- To support provinces and territories in establishing new residency positions for family medicine to help address concerns about access to physicians in underserved communities, including rural and remote northern locations. This approach should result in improved recruitment and retention of physicians in these areas;
- To engage provincial, territorial and other stakeholders toward the identification of information and policy gaps in current health technology management (HTM) practices and possible approaches toward the enhancement of HTM in Canada. As well, we will work with the Canadian Agency for Drugs and Technologies in Health (CADTH) and other stakeholders to develop policies, protocols and standards to help health decision-makers optimize the use of medical isotopes and other imaging modalities in the health system;
- To continue to provide assistance to Canada Health Infoway in its work with provincial and territorial partners, to further establish electronic health records for Canadians and to advance eHealth priorities identified through Canada's Economic Action Plan. These include efforts to speed up the implementation of electronic medical records in physicians' offices, as well as integrate points of service for hospitals, pharmacies, community care facilities, and patients. The development and adoption of these eHealth technologies will help promote the faster and safer management of health information and improve health system effectiveness;
- To take into account the December 22, 2010 decision of the Supreme Court of Canada with respect to the constitutionality of certain provisions of the *Act* and develop policy options and strategies in support of the objectives of the Assisted Human Reproduction Act.

- To continue to build strong bilateral relationships with key countries, such as the United States of America, and regions of interests, including with emerging economies (China, Brazil). In addition, Health Canada is also working with countries such as India. A coordinated approach will focus Health Canada efforts on opportunities most likely to have an impact on the health of Canadians and situations in which Canada can demonstrate health leadership in the Americas and in the Asia-Pacific region, as well as through partnerships such as the Global Health Security Initiative;
- To continue to work with international partners to demonstrate leadership on global health issues through membership and/or participation in the Pan-American Health Organization (PAHO), the International Agency for Research on Cancer (IARC), the World Health Organization - Framework Convention on Tobacco Control (WHO-FCTC) and the Organization for Economic Co-Operation and Development (OECD).

Program Activity: Specialized Health Services

Planned Spending (\$ millions)		
2011-12	2012-13	2013-14
23.6	23.4	23.4

Human Resources (Full-time Equivalents)		
2011-12	2012-13	2013-14
300	300	300

These specialized health services ensure continuity of services and occupational health services to public servants and work to ensure that Health Canada is prepared and able to continue services in the event of a national emergency. By working pro-actively to reduce the number of workdays lost to illness, Health Canada is promoting a productive public service thereby delivering results to Canadians. This Program Activity also ensures that Health Canada works internally and with partners to ensure that Health Canada has preparedness plans that are ready for execution in the event of a national emergency. By ensuring that organizations have plans in place that take into account all facets of their legislated responsibilities helps Health Canada continue to deliver services to Canadians at a time that it will be most needed. This includes coordination with other members of the Health Portfolio as well as partners across the Government of Canada. As part of this work Health Canada provides health services to internationally protected person when they are visiting Canada for international events such as the Olympics, G8/G20 meetings and Royal visits. Together, these specialized health services work to ensure continuity of services and capacity in day to day operations but as well as extraordinary and unpredictable circumstances such as a national emergency or disease outbreaks such as H1N1.

Benefits for Canadians: This program activity ensures the readiness of health services to respond to major domestic emergencies and international events in Canada, as well as providing occupational health services to members of the federal public service.

Program Activity Expected Results	Performance Indicators	Targets
Timely system response to public service employees with psycho-social health problems	<ul style="list-style-type: none"> # and % of public service employee clients' psycho-social problems dealt with within service standards 	70% (represents the current industry standard)
Coordinated, effective emergency response	<ul style="list-style-type: none"> Congruity between planned and executed emergency response (includes plans for Internationally Protected Persons). 	<p>The Emergency Preparedness and Response are defined in the Health Portfolio Emergency Response Plan, which was signed in January 2010.</p> <p>After an event, an After-Action Report is developed in consultation with all parties involved in responding to the emergency to assess the response and deficiencies/gaps.</p> <p>The gaps/deficiencies are addressed in an Annex to the HPERP in preparation for a future event.</p>

Planning Highlights

Health Canada will address emergency preparedness and response issues and will take part in emergency management activities to provide health protection of Internationally Protected Persons visiting Canada in 2011-12 through regular visits or international events.

Program Activity: Official Language Minority Community Development

Planned Spending (\$ millions)		
2011-12	2012-13	2013-14
39.3	40.0	23.8

Human Resources (Full-time Equivalents)		
2011-12	2012-13	2013-14
12	12	10

The decrease in planned spending is primarily associated with the sunsetting of some programs. There is only a small salary component therefore the Full-time Equivalents remains constant.

Official language minority community development involves the administration of Health Canada's responsibilities under Section 41 of the *Official Languages Act* committing the federal government to enhancing the vitality of English-speaking and French-speaking minority communities as well as fostering the full recognition and use of both English and French in Canadian society and the provision of policy and program advice relating to the Act. Administration involves consulting with Canada's official language minority communities on a regular basis, supporting and enabling the delivery of contribution programs and services for official language minority communities, reporting to Parliament and Canadians on Health Canada's achievements under Section 41, and coordinating Health Canada's activities and awareness in engaging and responding to the health needs of official language minority communities.

Benefits for Canadians: This program activity benefits Canadians by improving access to health services for two million English and French-speaking Canadians in a minority situation in Canada and by increasing the number of health services providers able to respond to the health related needs of these Canadians in their own official language.

Program Activity Expected Results	Performance Indicators	Targets
Increased number of health professionals available to provide health services in OLMCs	<ul style="list-style-type: none"> # of health professionals who successfully completed training programs (funded by Health Canada), by: <ul style="list-style-type: none"> type of health profession language location % of health professionals who completed the training programs who work in OLMCs, by: <ul style="list-style-type: none"> type of health profession location 	1406 graduates over five years; English: Second language training about 8000 people over five years (by March 31, 2013)
Improved integration of OLMC health needs into the health system	<ul style="list-style-type: none"> # of changes in legislative or public policies addressing the health needs of OLMCs, specify: type of change, purpose, OLMC need being addressed, location. 	Presence of an integration plan for each area where there is a network and reports on the implementation and results achieved (by March 31, 2013.)

Planning Highlights

Health Canada is responsive to the needs of Canadians through improved access to health services for official language minority communities and in increasing the use of both official languages in the provision of health services. Funded initiatives include the training of health professionals in French in 11 post-secondary training institutions outside Quebec and their integration into French linguistic minority communities upon graduation, and post-secondary language training initiatives in Quebec to ensure that health professionals in that province can meet the health services requirements of English-speaking minority communities.

In 2011-12, Health Canada will:

- Continue to manage the Official Languages Health Contribution Program in support of activities including training and retention of health professionals, health networking, and health projects in official language minority communities;
- Conduct consultations with official language minority communities and will continue to monitor progress in implementing Section 41 of the *Official Languages Act*;
- Complete a mid-term review of the Official Languages Health Contribution Program to gain information on the results achieved in 2008-2009 and 2009-2010 and will report to Canadian Heritage on progress made on the horizontal Roadmap for Canada's Linguistic Duality 2008-2013: Acting for the Future.

Strategic Outcome 2:

Canadians are informed of and protected from health risks associated with food, products, substances and environments, and are informed of the benefits of healthy eating

Health Products

Food Safety
and Nutrition

Environmental
Risks to Health

Consumer
Products Safety

Substance Use
and Abuse

Radiation
Protection

Pesticide Safety

This strategic outcome seeks to ensure that the food that Canadians eat and products they use are as safe as possible, and that threats to health are addressed effectively. It helps increase Canadians' understanding of factors that influence everyone's health such as environmental conditions and nutrition. It helps to limit the use and abuse of tobacco and illicit drugs.

Program Activity: Health Products

Planned Spending (\$ millions)		
2011-12	2012-13	2013-14
168.3	155.8	156.0

Human Resources (Full-time Equivalents)		
2011-12	2012-13	2013-14
2,292	2,259	2,305

This program activity is responsible for regulating a broad range of health products that affect the everyday lives of Canadians. Under the authority of the *Food and Drugs Act* and its Regulations, and the *Department of Health Act*, the program activity evaluates and monitors the safety, quality and efficacy of human and *veterinary* drugs, biologic and genetic therapies, radio-pharmaceuticals, *medical devices*, and *natural health products* so that Canadians have access to safe and effective health products. This program activity also verifies, through compliance monitoring and enforcement activities, that regulatory requirements for health products are met. In addition, the program provides timely, evidence-based and authoritative information to key stakeholders including, but not limited to, health care professionals such as physicians, pharmacists, natural health practitioners and members of the public to enable them to make informed decisions about the use of health products.

Benefits for Canadians: This program activity benefits Canadians by ensuring that they have access to new health products and that those products are as safe as possible throughout the time they are available in the Canadian

market. It provides for prompt responses when potential problems emerge. It also seeks to support Canadians in making informed health product choices.

Program Activity Expected Results	Performance Indicators	Targets
Increased awareness of the benefits and risks associated with the use of health products.	<ul style="list-style-type: none"> % of the target population aware of the benefits and risks associated with the use of health products: <ul style="list-style-type: none"> Level of awareness Type of target group and # reached Dissemination mechanisms/sources of information received/reviewed Product category 	TBD
Timely regulatory decisions for health products	<ul style="list-style-type: none"> % of regulatory decisions made within service standards by type: (Pre-market submissions) <ul style="list-style-type: none"> Pharmaceutical drugs (human and veterinary) Biologics and radiopharmaceuticals Medical devices Natural health products 	Pharmaceuticals – human – 90% Pharmaceuticals – veterinary – 90% Biologics and radiopharmaceuticals – 90% Medical devices – 90% Natural health products – TBD after backlog resolved
Timely regulatory response for health product risks	<ul style="list-style-type: none"> % of compliance/surveillance activities reviewed within service standards by type: <ul style="list-style-type: none"> Incidents Inspections Establishment licenses Lab samples Post-market priority signal assessments 	INSP – TBD MHPD - 90% completed

Planning Highlights

In addition to the program activity's ongoing work, Health Canada will work to make regulatory and operational changes as needed for ongoing health products activities as directed by parliament. As well, there will be substantial work undertaken to support implementing the Cost Recovery Initiative for human drugs and medical devices regulatory programs that was approved by Parliament in May of 2010.

Recognizing that foreign regulatory information can and has contributed to the Canadian marketing authorization review processes, Health Canada is currently implementing a three-year plan to make more efficient, consistent and systematic use and integration of foreign regulatory information, including foreign reviews, into departmental marketing authorization review processes for health products. The three-year plan includes the development and implementation of six mechanisms/worksharing activities, including use of foreign reviews, enhanced participation in foreign regulatory scientific committees, scientific advice, inter-regulatory discussion groups, parallel and joint reviews. The department is continuing discussions with foreign regulatory counterparts in order to develop and implement these mechanisms.

Program Activity: Food Safety and Nutrition

Planned Spending (\$ millions)		
2011-12	2012-13	2013-14
57.8	54.8	54.7

Human Resources (Full-time Equivalents)		
2011-12	2012-13	2013-14
537	521	529

The Food Safety and Nutrition program activity establishes policies, regulations and standards related to the safety and nutritional quality of food. Food safety standards are enforced by the Canadian Food Inspection Agency and the program activity assesses the effectiveness of CFIA's activities related to food safety. The legislative framework for food is found in the *Food and Drugs Act* and Regulations, the *Canadian Food Inspection Agency Act* and the *Department of Health Act*. The program activity also promotes the nutritional health and well-being of Canadians by collaboratively defining, promoting and implementing evidence-based nutrition policies and standards. As the focal point and authoritative source for nutrition and healthy eating policy and promotion, the program activity disseminates timely, evidence-based and authoritative information to Canadians and stakeholders to enable them to make informed decisions and healthy choices.

Benefits for Canadians: This program activity provides Canadians the opportunity to gain the health benefits that come from making better-informed choices about eating, food safety and nutrition and ensures that they benefit from a strong food safety system.

Program Activity Expected Results	Performance Indicators	Targets
Improved healthy eating by Canadians	<ul style="list-style-type: none"> % change in eating/ dietary practices of Canadians over time 	20% increase from current value (42% of Canadians aged 18 and older reported that they consumed fruits and vegetables five or more times a day) by March 31, 2015.
Timely regulatory system response to nutritional risks and food safety risks	<ul style="list-style-type: none"> % of Health Risk Assessments (HRA) conducted at Canadian Food Inspection Agency's (CFIA) request addressed and communicated to stakeholders within service standards 	100% of HRAs at CFIA's request within time standards by March 31, 2013
Increased awareness of Canadians on the benefits and risks related to food safety, nutrition and healthy eating.	<ul style="list-style-type: none"> % of the target population aware of benefits and risks related to food safety, nutrition and healthy eating over time 	For food safety awareness, as described in the 'Survey of Canadians' knowledge & behaviour related to Food Safety' conducted in February 2010. For nutrition and healthy eating, TBD based on baseline data (by the end of FY 09-10). Target to be reached by March 31, 2013.

Planning Highlights

This program activity will continue to be devoted largely to ongoing activities designed to address the food and nutrition concerns of Canadians within Health Canada's mandate. Federal, Provincial and Territorial Ministers of Health adopted an interim sodium intake goal of a population average of 2300 mg of sodium per day by the year 2016. Health Canada will work with provinces and territories to increase Canadians' awareness and understanding of the importance of reducing sodium in their diet and to develop education resources in support of the Sodium Reduction Strategy. Emphasis will be placed on providing guidance to industry stakeholders on the implementation of sodium reduction targets, monitoring and evaluating the progress in reducing sodium in the food supply, and ensuring that the progress in reducing trans fats in foods continues.

In September 2010, Federal/Provincial/Territorial Ministers of Health recognised that healthy eating from an early age is an important part of childhood and adult obesity prevention and endorsed (except Quebec*) a report *Curbing Childhood Obesity: A Federal, Provincial and Territorial Framework for Action to Promote Healthy Weights*. Health Canada is working collaboratively with the Public Health Agency of Canada and the provinces and territories through the Federal, Provincial and Territorial Pan-Canadian Public Health Network to advance key policy priorities. These priorities include increasing the accessibility and availability of nutritious foods and decreasing the marketing to children of foods and beverages high in fat, sugar and/or sodium. Health Canada is also supporting a Federal, Provincial, Territorial Group on Nutrition that is exploring opportunities to improve consistency of school food guidelines/policy across the country and enhancing implementation efforts.

The promotion of healthy eating will also continue, through raising awareness of Eating Well with Canada's Food Guide and helping consumers to better understand and use the information in the Nutrition Facts Table to make informed food choices for themselves and their families.

*Although Quebec shares the general goals of the Framework, it was not involved in developing it and does not subscribe to a Canada-wide strategy in this area. Quebec intends to remain solely responsible for developing and implementing programs for promoting healthy living within its territory. However, Quebec does intend to continue exchanging information and expertise with other governments in Canada.

Program Activity: Environmental Risks to Health

Planned Spending (\$ millions)		
2011-12	2012-13	2013-14
48.1	47.8	47.8

Human Resources (Full-time Equivalents)		
2011-12	2012-13	2013-14
544	541	541

The environment continues to be a key determinant of health for all Canadians. This program activity aims to promote and protect the health of Canadians by identifying, assessing and managing health risks posed by environmental factors. The scope of activities includes: research on climate change, air quality, drinking water quality, chemical substances, and contaminated sites; clean air programming and regulatory activities; risk assessment and management of chemical substances, products of biotechnology and products of other new and emerging technologies (including nanotechnology); and working with the passenger conveyance industry to protect the health of the travelling public.

Benefits for Canadians: This program activity benefits Canadians through progress toward a healthier environment with reduced threats to their health.

Program Activity Expected Results	Performance Indicators	Targets
Threats to the health of Canadians posed by environmental risks are reduced.	<ul style="list-style-type: none"> Trend data show improvements in air quality and health benefits. 	Baseline for air quality and health benefit improvements to be set in 2013-2014. Following that, air quality and health benefit improvements will be reported every three years, by percentage change over the period
	<ul style="list-style-type: none"> Trend data demonstrate increased development and application of adaptation strategies to address health risks from climate change. 	A minimum of 5 new communities adopt and implement a heat alert and response system to address the health risks from climate change over 5 year period.
	<ul style="list-style-type: none"> Level of exposure to substances of concern 	To be established based on baseline to be set after release of cycle 1 in 2010.



Federal Sustainable Development Strategy Indicators and Targets for which Health Canada is Lead or Co-lead

Performance Indicators	Targets
*Percentage decrease of concentrations of selected substances (PFOS and PBDE) in water from baseline data Levels of exposure to substances of concern by substance *Canadian releases of selected controlled substances	Reduce risks to Canadians and impacts on the environment posed by harmful substances as a result of decreased environmental concentrations and human exposure to such substances.
Health-based water guidelines (# of water guidelines/guidance documents approved by F/P/T Committee by product type (guideline/guidance document))	Help protect the health of Canadians by developing health-based water guidelines
Health-based assessments of priority indoor air pollutants and associated management tools (# of indoor air and CMP priority indoor pollutant assessments, guidelines, building or product standards)	Help protect the health of Canadians by assessing indoor pollutants and developing guidelines and other tools to better manage indoor air quality

Note: * indicates indicator data that will be provided by Environment Canada

Planning Highlights

In collaboration with Environment Canada, the Department will continue to focus on the assessment, management and surveillance and monitoring of chemical substances in Canada in order to reduce the health risks associated with harmful chemicals. This includes continuing the assessment of priority substances under the Chemicals Management Plan (CMP), and planning for risk management actions for those substances assessed as harmful to human health. The department will also continue to provide expert advice and oversight in support of activities to address or minimize the risks to the health of Canadians potentially associated with air pollution and climate change and to further protect the health of Canadians by developing health-based drinking water guidelines. This will help to realize the expected result for this program activity by informing Canadians about and protecting them from the health risks associated with chemical substances and products of biotechnology and emerging technologies.

Through this program activity Health Canada supports the Federal Sustainable Development Strategy by addressing the environmental risks to the health of Canadians in the areas of:

- Chemicals Management
- Climate Change Adaptation
- Drinking Water Quality
- Air Pollutant Research
- Air Quality Assessment and Management



Program Activity: Consumer Products Safety

Planned Spending (\$ millions)		
2011-12	2012-13	2013-14
28.0	29.0	29.1

Human Resources (Full-time Equivalents)		
2011-12	2012-13	2013-14
246	252	252

Health Canada is committed to promoting the health and safety of Canadians by working to improve the safety of consumer products in the Canadian marketplace. Under the Consumer Products Safety program activity, Health Canada works to identify, assess, manage and communicate to Canadians the health and safety risks associated with consumer products, which are those products that adults and children commonly use for personal (incl. cosmetics), family, household or garden use or in recreation or sports. This is achieved through areas of active prevention, targeted oversight and rapid response.

Specifically, the Consumer Products Safety program activity, through active prevention, works with industry to help identify and systematically assess safety risks at early and ongoing stages of product development, develop standards and share best practices. Also, the program activity promotes awareness of new policy and regulatory activity, and provides guidance to industry on existing regulations through workshops and training. Through targeted oversight, this program activity keeps a close watch on products for which the risks are not yet fully understood or that pose the greatest potential risk to the public. Under rapid response, this program activity can act quickly to protect the public when a problem occurs – including the removal of unsafe consumer products from store shelves.

Benefits for Canadians: Consumer Products Safety (CPS) helps protect Canadian families from consumer products that pose an unreasonable danger by providing rapid enforcement measures and targeted investigations of potentially hazardous products. CPS actively engages with industry to increase awareness of its safety obligations and provides straightforward information to help consumers make informed decisions.

Program Activity Expected Results	Performance Indicators	Targets
Increased consumer/industry awareness of health risks and regulatory requirements related to consumer products	<ul style="list-style-type: none"> % by target population aware of information related to consumer and product safety and related to exposure to consumer products by: <ul style="list-style-type: none"> Level of awareness Type of target group & # reached Dissemination mechanism/source(s) of information received/viewed Product category 	To be set after baseline is established by 2011
Responsive regulatory system for consumer products	<ul style="list-style-type: none"> % of regulatory actions addressed within service standards (SS) and targets set (TS) by: <ul style="list-style-type: none"> Type of Regulatory Action (e.g. standards/acts/regulations/Guideline, investigations, advisories, warnings, recalls) Product 	Service standards depend on the type of intervention under the <i>Canada Consumer Product Safety Act</i> (CCPSA). Data collection for this area would begin 2012-2013 and is dependant on the new CCPSA.

Improved industry compliance with product safety obligations	<ul style="list-style-type: none"> • % and # of inspected registrants/firms/users that are compliant / non-compliant with standards/acts/regulations /guidelines by: <ul style="list-style-type: none"> ○ Consumer Products Cyclical Enforcement program ○ Enforcement Actions (e.g. Voluntary, Negotiated and Ordered) ○ Recalls issued (by type, by establishment and by level of trade) <p>**Compliance is measured by a monitoring approach. Compliance results are determined by monitoring activities following initial inspection. Due to the non-licensed nature of the consumer products industry, compliance verification is limited to primary level establishments at this time.</p>	<p>95% compliance for all product types by March 31, 2014.</p> <p>100 % of cyclical enforcement projects completed within prescribed timelines</p>
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Planning Highlights

In support of the departmental priority to modernize health protection legislation and programs, the implementation of the new *Canada Consumer Product Safety Act* (CCPSA) will continue to be of high priority for the Consumer Products Safety program activity. The Act replaces the *Hazardous Products Act* (HPA) and provides a more robust set of tools for Health Canada to engage in active prevention, targeted oversight and rapid response. The CCPSA provides new measures for the protection of Canadian consumers, including a general prohibition against products that pose an unreasonable danger; the requirement to retain documents pertaining to the sale and distribution of consumer products; and the ability to order noncompliant companies to bring products into compliance with the Act, including the power of mandatory recall. These and other measures will support faster action to protect Canadians from unsafe consumer products, including pulling unsafe consumer products from store shelves.

One of the key planks of the CCPSA is the Mandatory Reporting of serious consumer product incidents by industry. Consumer Product Safety program is preparing to implement critical information systems and to support the collection of incident reports from both consumers and industry alike.

Program Activity: Substance Use and Abuse

Planned Spending (\$ millions)		
2011-12	2012-13	2013-14
139.1	132.6	109.8

Human Resources (Full-time Equivalents)		
2011-12	2012-13	2013-14
432	430	430

The decrease in planned spending is primarily associated with the sunseting of some programs. There is only a small salary component therefore the Full-time Equivalents remains constant.

Through regulatory, programming and educational activities, Health Canada seeks to improve health outcomes by reducing and preventing tobacco consumption and combating alcohol and drug abuse. Through the *Tobacco Act* and its regulations, Health Canada regulates the manufacture, sale, labelling, and promotion of tobacco products. It also leads the *Federal Tobacco Control Strategy* – the goal of which is to further reduce the prevalence of smoking through regulatory, programming and educational activities. Through the *Controlled Drugs and Substances Act* (CDSA) and its regulations, Health Canada regulates controlled substances and promotes initiatives that reduce or prevent the harm associated with these substances. It also provides expert advice and drug analysis services to law enforcement agencies across the country.

Benefits for Canadians: This program activity prevents or reduces tobacco consumption and combats drug abuse.

Program Activity Expected Results	Performance Indicators	Targets
Declining levels of substance use and substance abuse	<ul style="list-style-type: none"> Rates of substance use and abuse such as: <ul style="list-style-type: none"> Canadian tobacco use prevalence <ul style="list-style-type: none"> Prevalence and number of current Canadian smokers (15+) Prevalence and number of youth (15-17) smokers 	<ul style="list-style-type: none"> 12% (Canadians 15+) 9% (youth (15-17))
	<ul style="list-style-type: none"> Levels of drug abuse in Canada <ul style="list-style-type: none"> Prevalence and number of Canadian who abuse psychoactive drugs (15+) Prevalence and number of youth (age 15-24) illicit drug users 	Targets to be set after baseline is established in 2010.
Increased compliance/adherence to tobacco acts and regulations, and controlled drugs and substances acts and regulations	<ul style="list-style-type: none"> % of Inspection that are Compliant / Non- Compliant with Acts, Regulations, or other control instruments by: <ul style="list-style-type: none"> type of regulatory action taken result of regulatory action 	100% of inspections are compliant with the acts, regulations, or other control instruments by: <ul style="list-style-type: none"> Type of regulatory action taken Result of regulatory action Tobacco – by March 31, 2012 Controlled substances – by March 31, 2015

Planning Highlights

Health Canada will continue to work with the Department of Justice and other partners to implement the National Anti-Drug Strategy (NADS), playing a key role in the areas of treatment and prevention of substance abuse and enforcement of the *Controlled Drugs and Substances Act* and supporting regulations. This includes supporting the National Anti-Drug Strategy through the mass media campaign Drugs Not 4 Me.

Under NADS, the Drug Treatment Funding Program will continue to provide funding to provincial and territorial governments for investments in early intervention treatment initiatives designed to reduce and eliminate the progression and severity of illicit drug use behaviour among youth. The Drug Strategy Community Initiatives Fund will continue to fund health promotion and prevention projects in communities to contribute to reducing illicit drug use among youth. In 2011-12, the Department will participate in NADS renewal, which will be led by Justice Canada.

Health Canada will also continue working with partners, including provinces and territories, to implement the Federal Tobacco Control Strategy to further reduce the prevalence of tobacco use. The Department will continue to enhance the enforcement of provisions of the Cracking Down on Tobacco Marketing Aimed at Youth Act (2009), which brought into effect three new tobacco measures: a ban on certain additives, including flavouring preparations; packaging of little cigars and blunt wraps in a minimum of 20 units; and removal of the exemption for advertising in publications with no less than 85% adult readership. Health Canada will develop regulations to update larger graphic health warning messages as part of the federal government's comprehensive strategy to encourage Canadians to quit smoking.

Health Canada will also examine options for the reform of the Marihuana Medical Access Program, focussing on three key objectives: public health; safety and security; reasonable access to marihuana for medical purposes; and the overall costs to the Government. Any changes to the program will balance the need to provide legal access to this controlled substance and the Government's responsibility to regulate it.

Program Activity: Radiation Protection

Planned Spending (\$ millions)		
2011-12	2012-13	2013-14
1.8	1.8	1.8

Human Resources (Full-time Equivalents)		
2011-12	2012-13	2013-14
82	82	82

Health Canada aims to reduce the health and safety risks associated with different types of radiation, both naturally occurring and from artificial sources, in living and working environments. Health Canada: conducts research into the biological effects of environmental and occupational radiation; develops better methods for internal radiation dosimetry and its measurement; provides radiation safety inspections of federally regulated facilities containing radiation-emitting devices, the devices themselves, as well as training on the proper operation of the devices; develops regulations, guidelines, standards and safety codes pertaining to radiation-emitting devices; and provides radiation advice to other government departments, industry and the general public.

Benefits for Canadians: This program activity ensures that potential radiation-related health threats are managed and limited.

Program Activity Expected Results	Performance Indicators	Targets
Increased public/stakeholder awareness of health risks related to radiation/radon	<ul style="list-style-type: none"> % and # of Canadians aware of /knowledgeable of information and health risks related to radiation/radon by: <ul style="list-style-type: none"> level of awareness type of target group, dissemination mechanism/source(s) of information received/viewed 	30% of Canadians
Increased compliance/adherence to radiation emitting devices acts and regulations, and Canadian Nuclear Safety Commission acts and regulations	<ul style="list-style-type: none"> % of Inspected Registrants/firms/users that are Compliant / Non- Compliant with acts, regulations, or other control instruments by: <ul style="list-style-type: none"> post-market review/assessment Radiation emitting devices examined type of regulatory action taken result of regulatory action 	At least 75% of inspected devices are compliant with the acts, regulations, or other control instruments by: <ul style="list-style-type: none"> post-market review/assessment Radiation emitting devices examined Type of regulatory action taken Result of regulatory action by March 31, 2013
Declining level of illnesses and injuries from exposure to radiation in the environment	<ul style="list-style-type: none"> Incidence/rate of illness/risk related to exposure to radiation in the environment by: <ul style="list-style-type: none"> type of injury, disease, illness, etc. related to targeted regulated products type of product/environment i.e., environmental areas that cause illness/risk 	Baseline to be established. Resulting target to be reached by March 31, 2013.

Planning Highlights

Health Canada will continue work towards increasing knowledge, research and evidence to support decision-making related to radiation emitting devices. The Department will develop and/or amend guidelines, regulations, standards and safety codes as necessary to reduce risks associated with radiation emitting devices used in medical/clinical, industrial and consumer environments and increase Canadians' awareness and understanding of risks related to these devices.

In support of the Federal Sustainable Development Strategy, Health Canada will increase testing for radon levels in federal buildings in high-risk, radon-prone areas to meet the target of having tested 50% of high priority buildings by 2011-12. The Department will also continue to map areas of high radon potential in Canada and increase awareness of risks, health impacts and mitigation strategies related to indoor radon exposure; a 10% increase in radon webpage hits and downloads by Canadians is anticipated, as compared to last year.

Health Canada will continue to meet international and national requirements related to environmental radiation monitoring, and aims to consistently have 80% of the National Radionuclear Monitoring Stations operational 24/7 in 2011-12. Environmental radiation monitoring activities support Canada's obligations under the Comprehensive Nuclear-Test-Ban Treaty.

The departmental National Dosimetry Services will continue to provide services on a cost-recovery basis to monitor and report on radiation exposure in the workplace. The Department will meet dosimetry service standards, with a target of 90% of radiation dose reports addressed within 10 business days of receiving dosimeters, and 95% or greater client satisfaction by 2011-12. The Department will also publish the National Dose Registry Annual Occupational Radiation Exposures Report in 2011-12.

Program Activity: Pesticide Safety

Planned Spending (\$ millions)		
2011-12	2012-13	2013-14
34.1	34.3	34.3

Human Resources (Full-time Equivalents)		
2011-12	2012-13	2013-14
499	499	499

Health Canada, through the Pest Management Regulatory Agency, administers the *Pest Control Products Act* (PCPA) and its regulations. The primary objective of the PCPA is to prevent unacceptable risks to people and the environment from the use of pest control products. Health Canada regulates the entire life cycle of a pesticide, including: determination of value, health and environmental risk assessment, characterization and mitigation, registration of products, monitoring and enforcement activities, re-evaluation of registered pesticides on a 15-year cycle, and phase-out or cancellation of products. Pest control products are regulated in a manner to encourage the development and implementation of innovative, sustainable pest management strategies and to facilitate access to pest control products that pose lower risks. Health Canada also encourages public awareness in relation to pest control products by informing the public, facilitating access to relevant information and participating in the decision-making process. Health Canada plays a leading role in international efforts to integrate various regulatory systems around the world. International cooperation facilitates consistency and ensures the best science available supports our decision making.

Benefits for Canadians: This program activity reduces health and environment risks from pesticides and providing information to Canadians so they can make informed decisions about pesticide use.

Program Activity Expected Results	Performance Indicators	Targets
Prevention of unacceptable risk from pesticides	<ul style="list-style-type: none"> As a result of regulatory decisions: <ul style="list-style-type: none"> # of products registered with reduced risks # of submissions denied registration # of products or uses phased-out as a result of an unacceptable health and environmental risk finding # of products or uses with continued registration, but with additional measures to protect health and the environment 	Annually
Timely regulatory decisions for pesticides	<ul style="list-style-type: none"> % of reviews conducted within service standards and targets set for: <ul style="list-style-type: none"> New product registration (Categories A, B & C) Older product re-evaluation 	<ul style="list-style-type: none"> 90% of submissions completed within service standard; 90% of registered active ingredients requiring re-evaluation are initiated in accordance with the PCPA.
Mitigation of risks of / from non-compliance associated with pesticides	<ul style="list-style-type: none"> # and % of registrants/vendors/users, within a sector, found to be non-compliant that have returned to compliance (i.e., risks are mitigated) by: <ul style="list-style-type: none"> # of targeted inspection (by sector) # of non-compliant % that returns to compliance 	90% return to compliance

Planning Highlights

To regulate pesticides through a life cycle approach that prevents unacceptable risks to people and the environment from the use of pest control products, Health Canada will enhance collaborative efforts with other international regulatory organizations and improve the effective use of international science including foreign reviews.

A strong science based approach will be used for both pre-market and post-market assessments to ensure ongoing risk reduction, to protect the health and safety of Canadians and the environment. An effective registration process will provide Canadians with timely access to safer and innovative pesticides. We will also implement a re-evaluation program based on a 15 year cycle in accordance with the *Pest Control Products Act* (PCPA) and strengthen our compliance and enforcement activities in support of food, consumer and environmental protection in cooperation with international partners.

Strategic Outcome 3:

First Nations and Inuit communities and individuals receive health services and benefits that are responsive to their needs so as to improve their health status

**First Nations and Inuit
Primary Health Care**

**Supplementary Health
Benefits for First Nations
and Inuit**

**Health Infrastructure
Support for First Nations
and Inuit**

This strategic outcome seeks to reduce the gap in health outcomes between First Nations and Inuit and the Canadian population in general. The Department contributes to this goal by seeking to ensure that First Nations and Inuit living on reserve or in Inuit communities have access to health services, and that all registered First Nations and recognized Inuit in Canada have access to a specified range of medically necessary health-related goods and services not provided through private insurance plans, provincial/territorial health or social programs or other publicly funded programs.



Program Activity: First Nations and Inuit Primary Health Care

Planned Spending (\$ millions)		
2011-12	2012-13	2013-14
940	891.9	890.4

Human Resources (Full-time Equivalents)		
2011-12	2012-13	2013-14
1,301	1,220	1,220

Primary Health Care funds a suite of programs, services and strategies provided primarily to First Nations and Inuit individuals, families and communities living on-reserve or in Inuit communities. It encompasses health promotion and disease prevention programs to improve health outcomes and reduce health risks, public health protection, including surveillance, to prevent and/or mitigate human health risks associated with communicable diseases and exposure to environmental hazards, and primary health care where individuals are provided diagnostic, curative, rehabilitative, supportive, palliative/end-of-life care and referral services.

Benefits for Canadians: This program activity ensures that First Nations and Inuit people living on-reserve or in Inuit communities have access to a broadly comparable range of health services and programs as other Canadians, thereby helping to improve health outcomes.

Program Activity Expected Results	Performance Indicators	Targets
Primary health care programs and services that are responsive to the needs of First Nations and Inuit individuals, families and communities.	<ul style="list-style-type: none"> Immunization coverage rates for two and seven year old children living on-reserve. 	95% of all provincially scheduled childhood immunizations to be reached by March 31, 2016.
	<ul style="list-style-type: none"> % of on-reserve population receiving required primary health care assessment/diagnostic, treatment, rehabilitative, supportive and palliative care services. 	Maintain service levels
	<ul style="list-style-type: none"> # and % of individuals, families and communities receiving required preventive, screening, treatment and support services for community-based health promotion/disease prevention programs by type of service: <ul style="list-style-type: none"> healthy child development mental wellness healthy living 	Maintain service levels (Baseline established in 2008/09)

Federal Sustainable Development Strategy Indicators and Targets for which Health Canada is Lead or Co-lead

Performance Indicators	Targets
<ul style="list-style-type: none"> Percentage of First Nation communities with acceptable water and wastewater facility risk ratings 	Increase the percentage of First Nation communities with acceptable water and wastewater facility risk ratings by 2013

Note: Indicator data provided by Indian and Northern Affairs Canada

Planning Highlights

Health Canada will strengthen the provision of primary health care services to First Nations communities, in particular by developing new models of service delivery in remote and isolated communities, by investing, through the renewed Aboriginal Health Human Resources Initiative (AHHRI), in community-based health workers' education and training to begin to bring them in line with provincially-recognized careers/ professions, and by implementing the renewed FNIHB National Tuberculosis Strategy by working to resolve human resource issues in First Nations and Inuit communities by implementing a multi-prong approach that includes:

- Professional practice support to ensure that nurses have the clinical expertise and supports to provide primary health care in these communities
- Providing access to specialized support and consultation to support nurses to provide broad-based health care services in rural and remote areas.
- Working in collaboration to address issues which impact recruitment and retention
- Investing \$34.5M per year for the next five years to implement innovative strategies to help address and move beyond the longstanding health service gaps in our remote and isolated First Nations communities

A key focus, over the reporting period, will be the continued implementation of health promotion and disease prevention programs, renewed in Budget 2010, based on evidence, lessons learned and best practices. The goal of these programs, which include the Aboriginal Diabetes Initiative, the National Aboriginal Youth Suicide Prevention

Strategy, the Maternal Child Health program and enhanced funding for Aboriginal Head Start On Reserve, is to support individuals, families and communities in addressing health priorities related to healthy living, mental wellness and healthy child development.

Under these programs, activities will include prevention and promotion programming in First Nations and Inuit communities focused on healthy eating and physical activity, community-based projects to build protective factors related to mental health promotion and youth suicide prevention, home-visiting to support pregnant women and families with young children, and outreach services for Aboriginal Head Start on reserve sites.



As part of regular functions under this program activity, the Department will undertake actions in key areas to address the stated government priority of "Federal Sustainable Development Strategy." The Department will continue to enhance capacity to monitor drinking water quality as per the Guidelines for Canadian Drinking Water Quality (GCDWQ) in First Nations communities and to provide First Nations with communications products and tools to enhance public awareness and knowledge about environmental health. The Department will also continue to implement the health promotion campaign on mould in support of the National Strategy to Address Mould in First Nations Communities led by Indian and Northern Affairs Canada in order to raise awareness and increase capacity among First Nations home occupants, communities and institutions to prevent and/or remediate mould effectively. For additional details on Health Canada's sustainable development strategy, please see www.health.gc.ca/sustainabledevelopment.

Program Activity: Supplementary Health Benefits for First Nations and Inuit

Planned Spending (\$ millions)		
2011-12	2012-13	2013-14
983.9	1,007.0	1,030.5

Human Resources (Full-time Equivalents)		
2011-12	2012-13	2013-14
521	521	521

The Non-Insured Health Benefits (NIHB) Program provides a limited range of medically necessary health-related goods and services to registered Indians (according to the Indian Act) and Inuit (recognized by one of the Inuit Land Claim Organizations) regardless of residency in Canada where not otherwise covered under a separate agreement (e.g. a self-government agreement) with federal, provincial or territorial governments. The benefits under the NIHB Program include the following, where not otherwise provided to eligible clients through other private or provincial/territorial programs: pharmacy benefits (prescription drugs and some over-the-counter medication), medical supplies and equipment, dental care, vision care, short term crisis intervention mental health counselling, and medical transportation benefits to access medically required health services not available on-reserve or in the community of residence. The Program also pays provincial health premiums on behalf of eligible clients in British Columbia.

Benefits for Canadians: This program activity contributes to improving the health status of First Nations and Inuit in Canada by ensuring the availability of medically necessary health-related goods and services through well-managed programming.

Program Activity Expected Results	Performance Indicators	Targets
Access to non-insured health benefits appropriate to the unique health needs of First Nations people and Inuit	<ul style="list-style-type: none"> • % of eligible FN/I population who accessed NIHB by type of benefit: <ul style="list-style-type: none"> ○ Pharmacy/MS&E ○ Medical Transportation ○ Dental ○ Vision Care 	Maintain access levels according to medical necessity
Efficient management of access to non-insured health benefits	<ul style="list-style-type: none"> • Administrative cost ratio (ratio of administration costs to benefit expenditures) 	Reduce to 6.0% over 5 years

Planning Highlights

Health Canada will continue its efforts to strengthen First Nations and Inuit Health programming by providing non-insured health benefits coverage to over 830,000 eligible First Nations people and Inuit.

The Non-Insured Health Benefits program continues to fund, in a cost-effective manner, the provision of evidence-based supplementary health benefits to eligible First Nations and Inuit including prescription drugs and medical supplies and equipment, dental care, vision care, short term crisis intervention mental health counselling and medical transportation to access medically required health services not available on-reserve or in the community of residence. In response to findings of the NIHB relevance and performance evaluation, the program will explore ways to further streamline the NIHB Program's dental predetermination and pharmacy prior approval processes and expanding audit activities into benefit areas not previously covered.

Program Activity: Health Infrastructure Support for First Nations and Inuit

Planned Spending (\$ millions)		
2011-12	2012-13	2013-14
256.8	272.4	252.6

Human Resources (Full-time Equivalents)		
2011-12	2012-13	2013-14
243	236	175

The Health Infrastructure Support Activity underpins the long-term vision of an integrated health system with greater First Nations and Inuit control by enhancing the capacity of First Nations and Inuit to design, manage, deliver and evaluate quality health programs and services. It provides the foundation to support the delivery of programs and services in First Nations and Inuit communities and promotes innovation and partnerships in health care delivery to better meet the unique health needs of First Nations and Inuit. The funds are used for: planning and management for the delivery of quality health services; construction and maintenance of health facilities; research activities; encouraging Aboriginal people to pursue health careers; investments in technologies to modernize health services, and integrate and realign the governance of existing health services.

Benefits for Canadians: This program activity brings about greater control by First Nations and Inuit over the health system that serves them, while ensuring that the system is managed effectively, and that innovation and partnerships with the governments of the provinces and territories are encouraged.

Program Activity Expected Results	Performance Indicators	Targets
Promote innovative integrated health governance relationships	<ul style="list-style-type: none"> % of provinces/territories with multi-jurisdictional agreements to jointly plan, deliver and/or fund integrated health services for Aboriginal Canadians 	100% by March 31, 2015
Improved First Nations and Inuit capacity to influence and/or control (design, deliver, and manage) health programs and services	<ul style="list-style-type: none"> # of communities involved in the planning process to influence and/or control (design, deliver, and manage) health programs and services 	5% increase (2-3 communities) in the number of communities involved by 2016

Planning Highlights

Moving toward its long-term vision for the integration of federal and provincial health services for Aboriginal people, Health Canada will continue to work with the provincial government of British Columbia and British Columbia First Nations to negotiate a tripartite framework agreement on Health Governance. This agreement will be the first of its kind.

In 2011, Health Canada will complete the remaining Aboriginal Health Transition Fund (AHTF) projects. Since it was launched in 2005, AHTF has funded over 311 projects supporting the integration and adaptation of federally and provincially/territorially funded health services for Aboriginal Canadians. These projects have resulted in improved access to health services, as well as improved collaboration and partnerships between health systems.

A significant focus of AHTF projects has also been to increase the participation of Aboriginal people in the design, delivery and evaluation of health services that serve them, ensuring these services are more suited to their needs. The successor initiative, the Health Services Integration Fund (HSIF, 2010-2015), will build on the lessons learned through AHTF to support more intensive aggregation and integration of health systems over the next four years.

Since 2005, the Department has implemented Consolidated Contribution Agreements to streamline administrative processes, support greater First Nations and Inuit control over health services and build capacity. The Department will continue to work with National Aboriginal Organizations (NAOs) to improve and strengthen the consolidated agreement process.

Health Canada will also continue to work with the Assembly of First Nations (AFN), the Inuit Tapiriit Kanatami (ITK) and the Public Health Agency of Canada (PHAC) on the AFN-Health Canada Task Group and the Health Canada – ITK- PHAC Task Group. The task groups will explore and develop approaches in areas of mutual interest for advancing First Nations health to identify areas of collaboration leading to practical initiatives.

The Department will also continue to work with First Nations partners to direct targeted secondary analysis on the 2007-2008 First Nations Regional Longitudinal Health Survey and to renew the process for the next cycle of the survey.

The Department will continue internal and collaborative work with Indian and Northern Affairs Canada and other federal partners to harmonize, whenever possible, and/or improve coherence of practices and systems for managing

contribution agreements. This would provide the basis for the integration and holistic use of resources both internally and across federal programs.

Finally, Health Canada will modernize its First Nations and Inuit Health infrastructure program and will continue to work with First Nations communities to improve the quality of management practices in order to improve the life cycle of the overall health infrastructure system and the long term sustainability of the program.



Program Activity: Internal Services

Planned Spending (\$ millions)		
2011-12	2012-13	2013-14
322.1	311.3	308.5

Human Resources (Full-time Equivalents)		
2011-12	2012-13	2013-14
2,658	2,629	2,581

Health Canada has a range of internal services. Some, in areas such as financial, administrative, real property, security, human resources, information management and information technology, provide the basic operational services that enable the Department to function while ensuring compliance to new and existing central agency policies.

Other internal services in Health Canada address departmental and health portfolio organizations' needs such as general communications and policy activities, as well as managing relations with Parliamentarians, the Cabinet system and other government departments and levels of government. An additional set of internal service roles centre on critical departmental and government-wide responsibilities, such as ensuring the best value for Canadians through planning, accountability and tracking performance and results.

Planning Highlights

Health Canada will continue to focus on ongoing improvements to its delivery of internal services while increasingly building department-wide approaches to services delivery and investment planning. Many will directly help deliver or support one or more of the three management priorities. For example, Health Canada will develop a five year Department-level strategic investment planning process which will lead to a Department-wide prioritization of projects. Priority investments will be highlighted in assets, acquired services and projects that reflect the areas of greatest risk for the Department and that best support Government of Canada objectives.

The Department will continue to improve service delivery by enhancing performance measurement and monitoring across all programs by incorporating the new Program Activity Architecture (PAA) and Performance Measurement Framework (PMF) into the 2011-12 operational planning cycle. Also, Health Canada will continue to improve on horizontal service delivery models in the regions.

Departmental program operations, including grants and contributions program management and regulatory functions, will continue to be streamlined and efficiency will continue to be enhanced. The Department has increased effectiveness in its management of grants and contributions programs by moving toward a more risk-based approach for decision-making. We have developed and implemented a framework and associated tools to ensure a stronger focus on higher risk areas and we will continue to improve on these tools.

In 2011-12, the Health Canada Science Plan will continue to focus on the implementation of five key priority initiatives: Setting Health Canada's Science Priorities; Laboratory Infrastructure Renewal, Health Canada Talent Management Framework for the Science Community; a Framework Science Excellence, and Improving Science-Policy Interface.



As part of regular functions under this program activity, the Department will contribute to the Federal Sustainable Development Strategy in shrinking the environment footprint of government operations in the following areas: green buildings; greenhouse gas emissions reductions for fleet; surplus electronic and electrical equipment; printing units; paper consumption; green meetings; and green procurement. For more details on the Federal Sustainable Development Strategy, please see www.health.gc.ca/sustainabledevelopment.

Other on-going improvements in the delivery of internal services include:

Communications Services - increase departmental transparency and engagement with Canadians and stakeholders through innovative communications tools and approaches. A Web Presence Renewal Initiative will be launched over the reporting period, to improve public access to health and safety information online. The Department is developing guidelines to make better use of social media to engage the public. Health Canada is strengthening the consistency of its consultations processes through the use of tools and common best practices.

Human Resources Management Services - improve human resources services and embedding longer term strategic human resource planning for current and future needs in the department's management practices so that human resources plans are aligned with evolving priorities and business models. This will include enhancement of processes, tools and a review of roles and responsibilities of human resources services delivery.

Information Technology Services - continue to focus on enhancing the efficiency and effectiveness of the delivery of both program and corporate services to Health Canada. These activities include leading-edge application development, infrastructure renewal and standardization and IT resource management strategies. As well, we will develop a five-year IT/IM strategic plan that will articulate key investments in support of departmental priorities such as regulatory modernization, a single departmental grants and contributions system, and a Science IM/IT strategy. By adopting a simpler and easier approach to managing technology and application infrastructure, we will reduce both management and life cycle costs.

Information Management Services - improve the corporate management of knowledge and information by developing a Health Canada IM Strategy to support the redefinition of IM as a key internal service through three pillars: awareness/communications, learning/training and engagement/commitment. All branches are also collaborating in the development of a three year plan to fund and implement an Enterprise Content Management Solution across the department. Over time, and utilizing these key supporting elements of an integrated enterprise approach to IM, individual Branch IM action plans will be developed to address specific IM requirements.

Real Property Services - implement the Laboratory Infrastructure Renewal Plan to support current and future science priorities by streamlining and aligning, and ensuring the adequacy of departmental laboratory facilities.

Security - develop the Departmental Security Plan, a framework for the delivery of safety and security services for the Department as indicated in the [Treasury Board Policy on Government Security](#) with a focus on training and awareness. As well, Departmental Business Continuity Plans will continue to be enhanced to ensure that the business needs are identified for the delivery of the department critical health programs in the event of a major disruption.

Section III: Supplementary Information

Financial Highlights

The future-oriented financial highlights presented within this RPP are intended to serve as a general overview of Health Canada's financial position and operations. These future-oriented financial highlights are prepared on an accrual basis to strengthen accountability and improve transparency and financial management.

Future-oriented financial statements can be found on [Heath Canada's website](#).

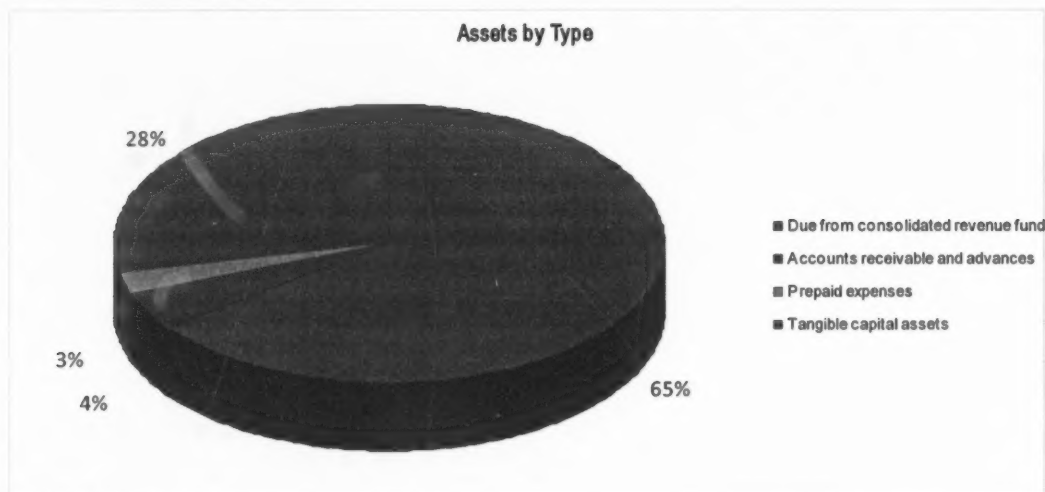
**Future-oriented
Condensed Statement of Financial Position**
For the Year (Ended March 31)
(\$ thousands)

Condensed Statement of Financial Position At End of Year		% Change	Future Oriented 2011-12	Future Oriented 2010-11
ASSETS				
	Total Assets	2%	609,495	600,277
TOTAL ASSETS		2%	\$609,495	\$600,277
LIABILITIES				
	Total Liabilities	1%	1,250,023	1,231,795
EQUITY				
	Total Equity	1%	(640,528)	(631,518)
TOTAL LIABILITIES and EQUITY of CANADA		2%	\$609,495	\$600,277

**Future-oriented
Condensed Statement of Operations**
For the Year (Ended March 31)
(\$ thousands)

Condensed Statement of Operations At End of Year		% Change	Future Oriented 2011-12	Future Oriented 2010-11
EXPENSES				
	Total Expenses	-7%	3,564,651	3,811,376
REVENUES				
	Total Revenues	46%	(129,389)	(69,819)
NET COST OF OPERATIONS		-9%	\$3,435,262	\$3,741,557

Future-Oriented Assets by Type

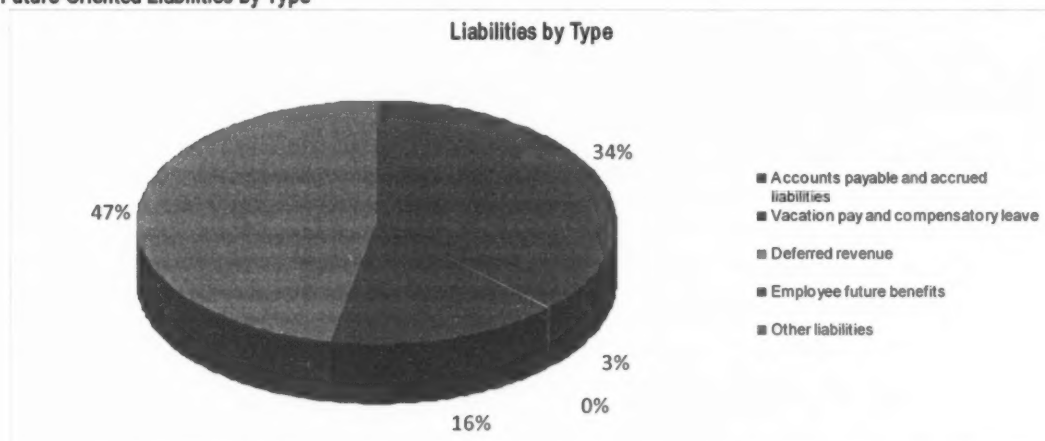


Assets by Type

Total assets are anticipated to be \$609.5M for 2011-12, an increase of \$9.2M over 2010-11 projections.

Due from Consolidated Revenue Fund is projected to be \$394.3M for 2011-12, representing an increase of \$6.4M over 2010-11 estimates. Accounts receivable are expected to be \$26.8M. Trend analysis indicates that the net change in Health Canada's accounts receivable will be a net decrease of \$0.4M. Capital assets are projected to be \$173.4M, an increase of \$3.2M over 2010-11 projections. Prepaid expenses are \$15.0M, a figure unchanged from 2010-11.

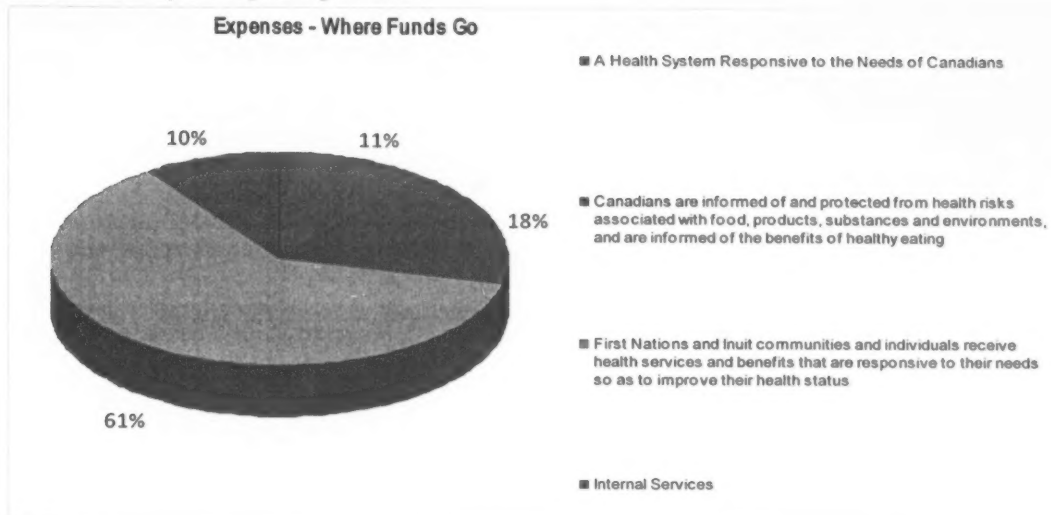
Future-Oriented Liabilities by Type



Total Liabilities

Total liabilities are anticipated to be \$1,250.0M for 2011-12, a net increase of \$18.2M over 2010-11 projections. The breakdown of liabilities is as follows: accounts payable and accrued liabilities \$420.5M; vacation pay and compensatory leave \$44.9M; deferred revenue \$2.1M; employee future benefits \$196.6M and other liabilities \$585.9M.

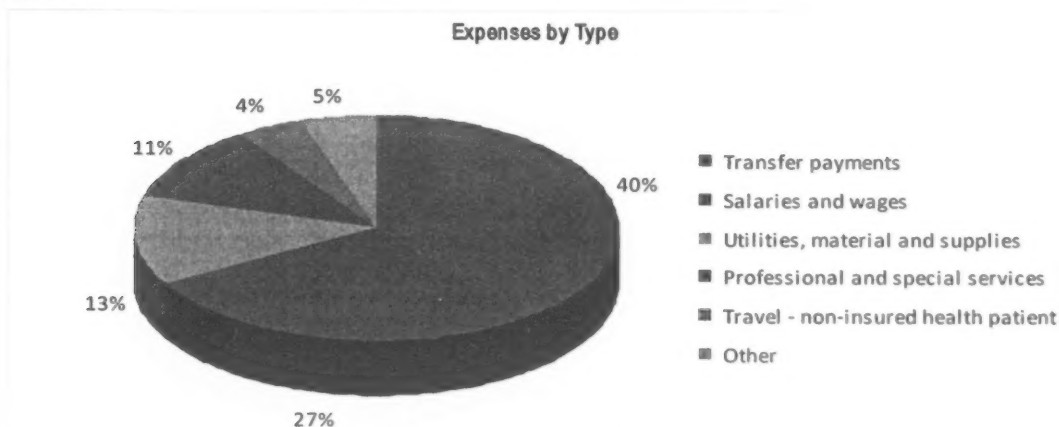
Future-oriented Expenses by Strategic Outcome



Total Expenses

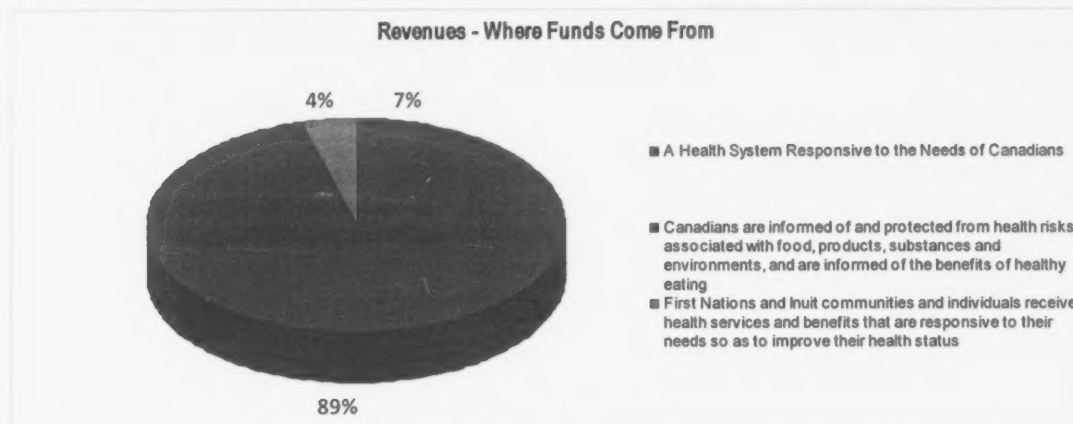
Health Canada is projecting \$3,564.7M in expenses based on 2011-12 Main Estimates and accrued information. This amount does not include supplementary estimates. It represents a decrease of \$246.7M from 2010-11 projections.

The expenses by Strategic Outcome are as follows: A Health System Responsive to the Needs of Canadians \$375.2M; Canadians are informed of and protected from health risks associated with food, products, substances and environments, and are informed of the benefits of healthy eating \$652.0M; First Nations and Inuit communities and individuals receive health services and benefits that are responsive to their needs so as to improve their health status \$2,188.7M; and Internal Services \$348.8M.



The expenses are broken down as follows: Transfer payments \$1,420.4M; Salaries and wages \$956.2M; Utilities, materials and supplies \$451.2M; Professional and special services \$395.8M; Travel-non-insured health patient \$160.6M; and Other \$180.5M.

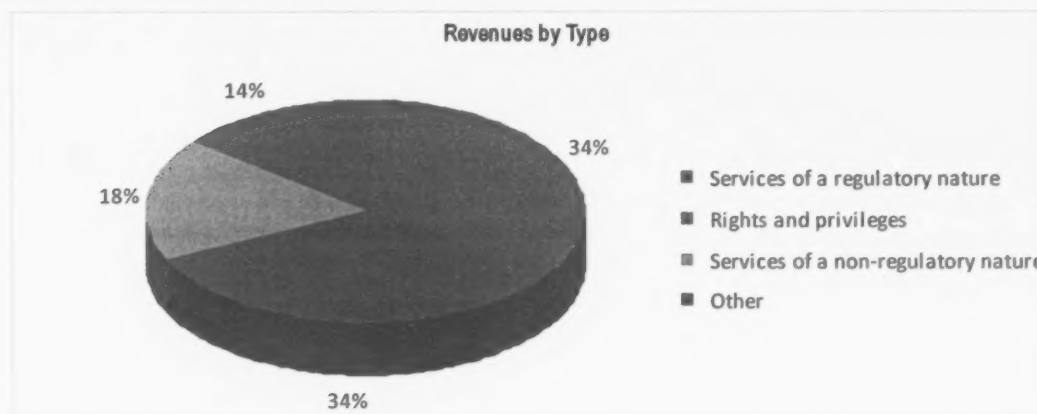
Future-oriented Revenues by Strategic Outcome



Total Revenues

Health Canada receives most of its funding through annual Parliamentary appropriations. Health Canada's revenue is generated by program activities that support the above-noted Strategic Outcomes. Health Canada projects total revenues in 2011-12 will be \$129.4M, representing an increase of \$59.6M from 2010-11.

Revenues by Strategic Outcome are as follows: A Health System Responsive to the Needs of Canadians \$8.3M; Canadians are informed of and protected from health risks associated with food, products, substances and environments, and are informed of the benefits of healthy eating \$115.6M; and First Nations and Inuit communities and individuals receive health services and benefits that are responsive to their needs so as to improve their health status \$5.5M.



These revenues will come from the following: Services of a regulatory nature \$44.4M; Rights and privileges \$43.5M; Services on a non-regulatory nature \$23.2M; and Other \$18.3M.

Supplementary Information Tables

All electronic supplementary information tables found in the 2011–12 Report on Plans and Priorities can be found on the Treasury Board of Canada Secretariat's web site at: www.tbs-sct.gc.ca/rpp/2010-2011/info/info-eng.asp.

Details on Transfer Payment Programs (TPPs)

Up-Front Multi-Year Funding

Greening Government Operations

Horizontal Initiatives

Upcoming Internal Audits and Evaluations over the next three fiscal years

Sources of Respendable and Non-Respendable Revenue

Summary of Capital Spending by Program Activity

User Fees

Additional Weblinks

Aboriginal Diabetes Initiative

www.hc-sc.gc.ca/contact/fniah-spnia/fnih-spni/adi-ida-eng.php

Aboriginal Head Start On Reserve

www.hc-sc.gc.ca/fniah-spnia/famil/develop/ahsor-papa_intro-eng.php

Aboriginal Health Human Resources Initiative

www.hc-sc.gc.ca/ahc-asc/activit/strateg/fnih-spni-eng.php

Aboriginal Health Transition Fund

www.hc-sc.gc.ca/fniah-spnia/services/acces/adapt-env-eng.php

Aboriginal Diabetes Initiative

www.hc-sc.gc.ca/contact/fniah-spnia/fnih-spni/adi-ida-eng.php

Assembly of First Nations

www.afn.ca/

InuitTapiriit Kanatami

www.itk.ca/

Air Quality

www.hc-sc.gc.ca/ewh-semt/air/index-eng.php

Assisted Human Reproduction

www.hc-sc.gc.ca/hl-vs/reprod/index-eng.php

Assisted Human Reproduction Act

www.laws.justice.gc.ca/en/A-13.4/

Biologics and Radiopharmaceuticals

www.hc-sc.gc.ca/dhp-mps/brgtherap/index-eng.php

Canada Consumer Product Safety Act

www.hc-sc.gc.ca/cps-spc/legislation/acts-lois/ccpsa-lcspc/index-eng.php

Canada's Economic Action Plan

www.actionplan.gc.ca/eng/index.asp

Canada's Food Guide

www.hc-sc.gc.ca/fn-an/food-guide-aliment/index-eng.php

Canada Health Act

www.hc-sc.gc.ca/hcs-sss/medi-assur/cha-lcs/index-eng.php

Canada Health Infoway

www.infoway-inforoute.ca/

Canada's Sustainable Development Strategy

www.health.gc.ca/sustainabledevelopment

Canadian Agency for Drugs and Technologies in Health Canada

www.cadth.ca/index.php/en/home

Canadian Food Inspection Agency

www.inspection.gc.ca/english/toce.shtml

Canadian Food Inspection Agency Act

www.laws.justice.gc.ca/en/C-16.5/

Chemicals Management Plan

www.chemicalsubstanceschimiques.gc.ca/plan/index_e.html

Compliance and Enforcement

www.hc-sc.gc.ca/cps-spc/pest/index-eng.php

Controlled Drugs and Substances Act

www.laws.justice.gc.ca/en/C-38.8/

Cosmetics

www.hc-sc.gc.ca/cps-spc/cosmet-person/index-eng.php

Cracking Down on Tobacco Marketing Aimed at Youth Act (2009)

www.pm.gc.ca/eng/media.asp?id=2915

Department of Health Act

www.laws.justice.gc.ca/en/H-3.2/index.html

Drug Treatment Funding Program

www.hc-sc.gc.ca/hc-ps/drugs-droques/dtft-pftt/index-eng.php

Drug Strategy Community Initiatives Fund

www.hc-sc.gc.ca/hc-ps/drugs-droques/dscif-ficsa/index-eng.php

Drugs Not 4 Me

www.hc-sc.gc.ca/hc-ps/drugs-droques/youth-jeunes/index-eng.php

Eating Well with Canada's Food Guide

www.hc-sc.gc.ca/fn-an/food-guide-aliment/index-eng.php

Emergency Preparedness

www.hc-sc.gc.ca/hc-ps/ed-ud/prepar/index-eng.php

Federal Tobacco Control Strategy

www.hc-sc.gc.ca/hc-ps/tobac-tabac/about-apropos/role/federal/strateg-eng.php

Federal Sustainable Development Strategy

www.ec.gc.ca/dd-sd/default.asp?lang=En&n=C2844D2D-1

Food and Drugs Act

www.hc-sc.gc.ca/fn-an/legislation/acts-lois/act-loi_reg-eng.php

Guidelines for Canadian Drinking Water Quality

www.hc-sc.gc.ca/ewh-semt/water-eau/drink-potab/guide/index-eng.php

Global Health Security Initiative

www.ghsi.ca/english/index.asp

Hazardous Products Act

www.laws.justice.gc.ca/eng/UpdateNotice/index.html?rp14=%2Fen%2FH-3

Health Canada

www.hc-sc.gc.ca/index-eng.php

Health Canada's Sustainable Development Strategy

www.health.gc.ca/sustainabledevelopment

Indian Act

www.laws.justice.gc.ca/eng/UpdateNotice/index.html?rp14=%2Fen%2FI-5

Indian and Northern Affairs Canada

www.ainc-inac.gc.ca/index-eng.asp

International Agency for Research on Cancer

www.iarc.fr/

Marihuana Medical Access Program

www.hc-sc.gc.ca/dhp-mps/marihuana/index-eng.php

Medical Devices

www.hc-sc.gc.ca/dhp-mps/md-im/index-eng.php

National Aboriginal Youth Suicide Prevention

www.hc-sc.gc.ca/fniah-spnia/promotion/suicide/index-eng.php

National Anti-Drug Strategy (NADS)

www.nationalantidrugstrategy.gc.ca/

National Dosimetry Services

www.hc-sc.gc.ca/ewh-semt/occup-travail/radiation/dosim/index-eng.php

National Strategy to Address Mould in First Nations Communities

www.ainc-inac.gc.ca/ai/mr/is/fn-mlt-eng.asp

Natural Health Products

www.hc-sc.gc.ca/dhp-mps/prodnatur/index-eng.php

New Residency

http://www.hc-sc.gc.ca/ahc-asc/media/nr-cp/2010/2010_72-eng.php

Non-Insured Health Benefits

www.hc-sc.gc.ca/fniab-spnia/nihb-ssna/index-eng.php

Northern and Remote Family Medicine Residency Program

www.hc-sc.gc.ca/ahc-asc/media/nr-cp/2010/2010_72-eng.php

Nutrition

www.hc-sc.gc.ca/fn-an/index-eng.php

Official Languages Act

www.hc-sc.gc.ca/ahc-asc/branch-dirgen/rapb-dgrp/pd-dp/olcldb-baclo-eng.php

Organization for Economic Co-Operation and Development

www.oecd.org/home/0,2987,en_2649_201185_1_1_1_1_1,100.html

Pan-American Health Organization

www.new.paho.org/can/

Pan-Canadian Framework for the Assessment and Recognition of Foreign Qualifications

www.hrsdc.gc.ca/eng/workplaceskills/publications/fcr/pcf_folder/section_2_01.shtml

Pest Control Products Act

www.hc-sc.gc.ca/cps-spc/pubs/pest/fact-fiche/pcpa-lpa/index-eng.php

Pest Management Regulatory Agency

www.hc-sc.gc.ca/ahc-asc/branch-dirgen/pmra-arla/index-eng.php

Program Activity Architecture

www.tbs-sct.gc.ca/tbs-sct/abu-ans/tbs-sct/paa-aap-eng.asp

Public Health Agency of Canada

www.phac-aspc.gc.ca/index-eng.php

Radiation

www.hc-sc.gc.ca/ewh-semt/radiation/index-eng.php

Radiation Emitting Devices Act

www.laws.justice.gc.ca/en/R-1/index.html

Roadmap for Canada's Linguistic Duality 2008-2013: Acting for the Future

www.pch.gc.ca/pgm/slo-ols/pubs/08-13-LDL/index-eng.cfm

Sodium Reduction Strategy

www.hc-sc.gc.ca/fn-an/nutrition/sodium/backgrounder_documentation-eng.php

Tobacco Act

www.hc-sc.gc.ca/hc-ps/tobac-tabac/legislation/reg/acces/index-eng.php

Treasury Board of Canada Secretariat:

www.tbs-sct.gc.ca/

Treasury Board Policy on Government Security

www.tbs-sct.gc.ca/pol/doc-eng.aspx?section=text&id=16578

Veterinary Drugs

www.hc-sc.gc.ca/dhp-mps/vet/index-eng.php

Water Quality

www.hc-sc.gc.ca/ewh-semt/water-eau/index-eng.php

World Health Organization - Framework Convention on Tobacco Control

www.who.int/fctc/en/

Section IV: Other Items of Interest

Sustainable Development

Based on the Federal Sustainable Development Strategy, Health Canada commits to

- Strengthening the application of Strategic Environmental Assessments (SEAs) by ensuring that the Government's environmental goals are taken into account in the pursuit of its mandate.
- Pursuing best practices on reporting the summary results of SEAs linked to the FSDS goals and targets. This will support principle of making environmental decision-making more transparent.

Please visit www.health.gc.ca/sustainabledevelopment for more information on the Departmental Sustainable Development Strategy (DSDS).